

DATE: \_\_\_\_\_

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information collected at no charge to you.

## Service Request Form For Students with Disabilities Fall 2008

### Student Information:

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip

E-mail Address: \_\_\_\_\_

Emergency Contact:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Academic School: \_\_\_\_\_ Major: \_\_\_\_\_

Degree: (circle one) BA/BS MA/MS PhD Anticipated Graduation Date: \_\_\_\_\_

Service Being Requested: \_\_\_\_\_

**\*Service requested can take up to 2 weeks to process. Please complete this form and return it with your schedule promptly to the Disability Services Office. Service request forms are handled on first come, first serve basis.**

UHCL is an equal opportunity institution and does not discriminate against anyone on the basis of race, religion, color, sex, disability, age, national origin, or veteran status.